٠.	_
-	7
-	زد
۶	2
_	\boldsymbol{z}

UTILITY PATENT APPLICATION

ICAL FIBER PREFORM		
7190244 US	<u>-</u>	_
	0	

Total Pages

TRANSMITTAL Express Mail Label No. **EV 32** (Only for new nonprovisional applications under 37 C.F.R. § 1.53(b)) CERTIFICATE OF EXPRESS MAIL UNDER 37 CFR 1.10: Mail Stop Patent Application I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service ADDRESS TO: Commissioner of Patents P.O. Box 1450 under 37 CFR 1.10 on the date indicated below and is Addressed to Mail Alexandria, VA 22313-1450 Stop Patent Application, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450 (Date) Signatur "EXPRESS MAIL" Mailing Label No. EV 327190244 US 1. * Fee Transmittal Form 5. Microfiche Computer Program (Appendix) (Submit an original and a duplicate for fee processing) Nucleotide and/or Amino Acid Sequence Submission [Total Pages 2. Specification 18 (preferred arrangement set forth below) (if applicable, all necessary) - Descriptive title of the Invention Computer Readable Copy - Cross References to Related Applications - Statement Regarding Fed sponsored R&D Paper Copy (identical to computer copy) - Reference to Microfiche Appendix - Background of the Invention Statement verifying identity of above copies - Brief Summary of the Invention - Brief Description of the Drawings (if filed) **ACCOMPANYING APPLICATION PARTS** - Detailed Description Assignment Papers (cover sheet & document(s)) - Claim(s) 8. 37 C.F.R. § 3.73(b) Statement Power of Attorney - Abstract of the Disclosure (when there is an assignee) English Translation Document (if applicable) 3. Drawing(s) (35 U.S.C. § 113) [Total Sheets 9. 18 4. Oath or Declaration [Total Pages 10. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations Executed (original or copy) Preliminary Amendment a. 11. Copy from a prior application (37 C.F.R. § 1.63(d)) 12. Return Receipt Postcard (MPEP 503) (for continuation/divisional with Box 16 completed) (should be specifically itemized) **DELETION OF INVENTOR(S)** Certified Copy of 14. Other: Signed statement attached deleting inventor(s) named in the prior Priority Document(s) application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b). (if foreign priority is claimed) If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: 16. Continuation Divisional. Continuation-in-part (CIP) of prior application No Prior application information: Examiner: Group / Art Unit. For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 17. CORRESPONDENCE ADDRESS Customer Number or Bar Code Label 22928 Correspondence address below NAME **ADDRESS** Corning Incorporated, SP-TI-3-1 CITY Corning STATE NY ZIP CODE 14831 **COUNTRY** USA **TELEPHONE** 607-974-2637 FAX (607) 974-3848 Name (Print/Type) Kevin M. Able Registration No. (Attorney/Agent) 52,401 Signature Date

Attorney Docket No.

Title: METHOD OF MAKING AN OPT

SP03-180

First Named Inventor or Application Identifier: BOOKBINDER, DANA C

Signature

FEE TRANSMITTAL for FY 2003

Complete if Known **Application Number** To Be Assigned Filing Date Herewith First Named Inventor BOOKBINDER, DANA C, et al. **Examiner Name** To Be Assigned Group / Art Unit To Be Assigned Attorney Docket Number SP03-180

					Į	•		٠ - '	•		
TOTAL AMOUNT OF PAYMENT (\$)770.00					Attor	Attorney Docket Number SP03-180					
METHOD OF PAYMENT (check one)						FEE CALCULATION (continued)					
			ereby authorized		3. A	DDITION	AL FEES				
indicated fees and credit any overpayments to: Deposit				Large Entitly							
Account	03	-3325			Fee Code	Fee (\$)	Fee Description			Fee Paid	
Number			·	-		(Ψ)					
Deposit	enosit				1051	130	Surcharge - late	th			
Account Name	Co	orning Inco	orporated		1052	50	g fee or				
			tional Fees Req		1053	130	Non-English specification				
2. Pav		Inder 37 C.F.I Enclosed:	R. §§ 1.16 and 1		1812	2,520	For filing a request for reexamination				
	•		Order □ Oth	er	1804	920*	Requesting publication of SIR prior to				
		E CALCÚ						Examiner action			
1. BASIC FILING FEE Large Entitly					1805	1,840	Requesting publication of SIR after Examiner action				
Fee	Fee		Description	Fee Paid	1251	110	Extension for re	eply within first m	nonth		
Code	(\$)				1252	420	Extension for re	eply within secon	nd month		
				770.00	1253	950	Extension for re	ply within third r	month		
	770		ty filing fee	<u>770.00</u>	1254	1,480	Extension for re	eply within fourth	month		
	340		ign filing fee		1255	2,010	Extension for re	eply within fifth m	nonth		
. 1003	530	Plan	it filing fee		1401	330	Notice of Appeal				
1004	770	Reis	sue filing fee		1402	330	Filing a brief in support of an appeal				
1005	160	Prov	isional filing fee		.1403	290	Request for ora	l hearing			
VTE	SUBTOTAL (1) (\$)770.00				1451	1,510	Petition to instit	ute a public use	proceeding		
2. EXTH	2. EXTRA CLAIM FEES Extra Fee from Claims below Fee Paid				1452	110	Petition to reviv	re - unavoidable			
					1453	1,330	Petition to reviv	etition to revive - unintentional			
Total Claims 13 - 20** = x 18 = 00.00				00.00	1501	1,330	Utility issue fee (or reissue)				
Independent 1 - 3** = x 86 = 00.00				00.00	1502	480	Design issue fee				
Claims Multiple Dependent 0 = 0.00					1503	640	Plant issue fee				
Multiple Dependent 0 = 0.00 **or number previously paid, if greater; For Reissues, see below				1460	130	Petitions to the Commissioner					
_	_ `.	iousiy paiu, ii	greater, rorrie	ssues, see below	1807	50	Petitions relate	d to provisional a	applications		
_	Entity Fee	Fee Desc	ription		1806	180		Information Disc			
	(\$) 18	Claims in ex	•		8021	40		n patent assignm y (times number			
1201	86	Independen	t claims in exce	ss of 3	1809	770	, , ,	sion after final re			
1203	290	Multiple dep	endent claim, if	not paid0				.R. § 1.129(a))			
1204	86		ndependent cla iginal patent	ms over	1810	770		r each additional invention to be examined (37 C.F.R § 1.129(b))			
1205 18 ** Reissue claims in excess of 20 and over original patent					1801 1802	770 900	Request for Continued Examination (RCE) Request for expedited examination of a design application				
		SUBTOTAL	(2)	(\$)00.00	*Redu	ced by Basic	Filing Fee Paid	SUB	TOTAL (3)	(\$)	
SUBMI	TTE				-		Completed (if applicable)	t. ∴.		
<u> </u>			T	 	1.5				50 401		
Name (I	rrint.	ı ype)	Kevin M. A	DIE	. / R	egistration	No. (Attorney/A	(gent)	52,401		

Date